

Banner Permit No. _____
Date Received: _____

Fee: _____
Initials: _____

**BANNER PERMIT APPLICATION
CITY OF GAHANNA ZONING DEPARTMENT**

Business Name: _____

Address: _____ Phone: _____

Applicant:* _____ Phone: _____

Fax: _____

Banner Size: _____ Length: _____ Width: _____ Total Square Feet: _____

Banner Material: _____

Colors: _____ Background: _____ Letters: _____

Anchoring Description: _____

Please Sketch the Banner Design Below:

Banner Location on Property: _____

10 Day Period Requested: Put Banner Up: _____ Take Banner Down: _____

APPROVAL

In accordance with Section 1165.07 of the Codified Ordinances of Gahanna, Ohio, I hereby certify that the Banner Permit, as described in this application, has been approved for 1 (one) , 10 day period.

Zoning Administrator: _____ Date: _____

Conditions: _____

Previous Number of Permits This Year: _____

Number of Days Used This Year: _____

Number of Days Left This Year for Banner Display: _____